



Arizona Department of Agriculture (ADA)
Licensing and Registration Section
1688 West Adams, Phoenix, Arizona 85007
Phone: (602) 542-3578
Fax: (602) 542-0466

For ADA/ESD Use Only

License # _____
Check # _____
Check Date _____
Check Amount _____
Line # _____

Cottonseed Sampler Certification Application

AAC R3-5-102

Application is made for certification for (please print):

Applicant Name _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Applicants Signature _____ Social Security No. _____ Date _____

Check one box: ☐ New Application ☐ Application Renewal ☐ Transfer of Application

If you have a current certification number, enter it here _____

Company Name _____

(If address is different from above please fill in the following. Please note all correspondence will be sent to the applicant's address.

It is your responsibility to inform the department if there is a change in contact information.)

Street Address _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Department Use Only

For the period beginning July 1, 20____ and ending June 30, 20____, as required in Section R3-5-102 of the Sampling and Laboratory Certification Rules of the State Agricultural Laboratory.

Date Received _____ Date Completed _____

Agency Action Taken: ☐ Approved ☐ Disapproved ☐ Suspended ☐ Other _____

Authorized Signature _____ Date _____